of the subject, these are often speculative and general in content.

The book is nicely bound and excellent photographs and diagrams make for easy reading. Unfortunately there is a general diffuseness throughout the text and probably all of the solid information contained within the monograph could have been concisely presented as a single review article. The book should be available in medical libraries for those interested in a quick clinical review of a particular maternal viral infection or for those seeking additional bibliographical sources relevant to viral infection of human fetuses.

ROBERT C. GOODLIN, M.D.

* * *

ARTHRITIS AND PHYSICAL MEDICINE—Volume Eleven of Physical Medicine Library—Edited by Sidney Licht, M.D., assisted by Herman L. Kamenetz, M.D., with 21 contributors. Elizabeth Licht, Publisher, 360 Fountain Street, New Haven, Conn. (06515), 1969. 521 pages, $14.00.

As usual Dr. Licht has assembled a distinguished group of collaborators including Rene Cailliet, William Hollingsworth, Allan St. John Dixon, P. Hume Kendall, John S. Lawrence, Leonard Marmor, Jerome Tobis, and Robert Bennett.

This is a book that would be useful to the general practitioner who is interested in the complete management of his patients with various forms of arthritis. It is not illuminating for orthopedists, internists, rheumatologists or physiatrists, except as a reference book.

The chapters by Dr. Cailliet on the mechanics of joints; by Dr. Kendall on the medical management of arthritis; by Leonard Marmor on an overview of available surgical procedures; and by Herman Kamenetz on massage manipulation and traction, are of more than passing interest. The chapters on heat and cold are technical and laborious with 253 references!!

This is generally a quickly read, well illustrated book which would be helpful to the general practitioner in the management of arthritis.

ELIZABETH S. AUSTIN, M.D.

* * *

PREMATURITY AND THE OBSTETRICIAN—Denis Cavanagh, Professor and Chairman, Department of Gynecology and Obstetrics, Saint Louis University School of Medicine, Director of Gynecology and Obstetrics, Saint Louis City Hospital, Saint Louis, Missouri; and M. R. Talisman, Clinical Assistant Professor of Obstetrics-Gynecology, The University of Miami School of Medicine, Miami, Florida. Foreword by Arthur E. McElfresh. Appleton-Century-Crofts (Division of Meredith Publishing Company), 440 Park Ave. So., New York, N.Y. (10016), 1969. 542 pages, $16.50.

This is the first comprehensive and authoritative text yet published that addresses itself to the multidimensional aspects of prematurity as the Number One health problem confronting obstetricians, pediatricians, obstetric anesthesiologists, and nurse-specialists in the intensive care nursery.

In addition to the clinical specialists noted above, this book has immediate relevance to the everyday work of public health nurses, health educators, medical social workers, and public health administrators.

The book is written by ten eminent authorities in the field of perinatology, and it is divided into eight sections: section 1 is a statement of the problem of prematurity from the standpoint of demography and its significance as a world health problem; section 2 is a trenchant examination of prematurity from the vantage of the epidemiologist; section 3 addresses itself to a consideration of the pharmacologic factors that may influence the outcome of prematurity, including such variables as the role of drugs, and the effects of analgesics and anesthetics; section 4 is a *vade me cum* for the obstetrician charged with the management of the premature labor; section 5 is an exposition of the caveats that should serve well the obstetrician facing the immediate care of the premature infant; section 6 takes up the contributions the pediatrician may make to the reduction of morbidity and mortality once the infant is born; section 7 reviews the invaluable input the alert pathologist may make to a better understanding of the anatomical factors that are a necessary and/or sufficient cause of neonatal death; and section 8 points up the guidelines that are currently available for a reduction in the incidence of and for improvement in the survival and health of the prematurely born member of the human race.

This book is recommended for a most catholic readership in the health sciences, including obstetricians, pediatricians, obstetric anesthesiologists, clinical and anatomical pathologists, public health and nursery nurses, medical social workers, and public health administrators.

GEORGE F. MELODY, M.D., M.P.H.

* * *

THE CYTOLOGY OF EFFUSIONS—Pleural, Pericardial and Peritoneal and of Cerebrospinal Fluid—Second Edition—A. I. Spriggs, D.M. (Oxon), F.R.C.P. (Lond), M. C. Path., and M. M. Boddington, M.A., B.Sc. (Oxon), M. C. Path. Grune & Stratton, Inc., 381 Park Avenue South, New York, N.Y. (10016), 1969. 174 pages, $17.50.

This is the second edition of a monograph dealing with the cytology of benign and malignant serous effusions, including a new section on cerebrospinal fluids. The detailed descriptions of almost all types of cells likely to be found in effusions and cerebrospinal fluids are excellent, and the extensive, clear illustrations comprise nearly 200 photomicrographs, about a third of which are in color. An interesting history of the cytodiagnosis of serous fluids, a concise, adequate appendix on technical methods, and a thoroughly compiled bibliography of more than 300 papers complete the monograph.

This book should be of particular interest to pathologists and cytologists as a reference for the study and identification of the more uncommon cells appearing in effusions and spinal fluids. Although most of the photographs depict cells stained by the May-Grünwald and Giemsa methods, microscopists accustomed to viewing Papanicolaou-stained preparations will still appreciate the cytologic features illustrated, however subtle.

STUART LINDSAY, M.D.

* * *

RADIOLOGY OF THE SMALL INTESTINE—Richard H. Marshak, M.D., Clinical Professor of Radiology, Mount Sinai School of Medicine, New York; and Arthur E. Lindner, M.D., Assistant Professor of Medicine, New York University School of Medicine, New York—With a chapter on the Small Bowel in Infants and Children by John E. Moseley, M.D., Associate Clinical Professor of Radiology, Mount Sinai School of Medicine, and Jack G. Rabinowitz, M.D., Associate Clinical Professor of Radiology, State University of New York, Downstate Medical Center, Brooklyn; and with a chapter on Uncommon Lesions by Arthur R. Clemett, M.D., Associate Clinical Professor of Radiology, New York University School of Medicine. W. B. Saunders Company, West Washington Square, Philadelphia, (19105), 1970. 510 pages, $32.00.

This is a superb book and is the best radiologic work on the small bowel. This is not surprising as Dr. Marshak is the leading authority on radiology of the small bowel in the world. Articles he has written alone, as well as those written with Dr. Lindner, are classics in the field.

The book is relatively short for the subject it covers. having only 500 pages including illustrations. It makes up for this by the conciseness of the text and superb illustrations. The latter are of larger size than usually encountered in medical books, making it much easier for the reader to see the abnormality. The references are

up to date and the entire work is one of those few medical texts which covers the subject with expert ease and is a joy to read. This book will undoubtedly become the classic of its field.

ALEXANDER R. MARGULIS, M.D.

* * *

ILLUSTRATED DICTIONARY OF EPONYMIC SYNDROMES AND DISEASES AND THEIR SYNONYMS—Stanley Jablonski, National Library of Medicine. W. B. Saunders Company, West Washington Square, Philadelphia, Pa. (19105), 1969. 335 pages, $12.75.

Jablonski has renovated the eponymic graveyards, a task comparable to the Herculean cleansing of the Augean stables. This book is a dictionary of eponyms which have appeared in the literature at least twice, limited to those naming clinical entities, animal diseases, experimental diseases, important diagnostic signs, and pathological synonyms, along with non-eponymic descriptive names. Cross-referencing is phenomenally complete. Illustrations, often from the original paper, average one every 10 to 15 pages; I am not convinced of their value.

In his introduction, Jablonski states "for the most part definitions in this dictionary form what is hoped to be a composite picture representing viewpoints of the most current authoritative disciplines, based on systematic examination of the most current authoritative material." For the most part this is true. Down's disease, described in 1866, is noted to be characterized by an extra chromosome. However, the equally well-known deficiency of glucocerebrosidase in Gaucher's disease is not stated.

In a dictionary of this magnitude, a few errors are unavoidable. Corrigan's sign (the visibly increased amplitude of carotid pulsation in aortic regurgitation) is confused with the water-hammer pulse(which is palpable, not visible). Oddly, Duroziez's and de Musset's signs are not included. Although Prinzmetal's minor anterior chest-wall syndrome is noted, his important variant-angina is not. In Osler's ball-valve gall-stone syndrome, the presenting clue of chills and fever is lacking. Addison's disease is defined as adrenal hypofunction; it is adrenal-cortical hypofunction. A hyphen is missing and a superfluous apostrophe is appended to the entry that should be Bence-Jones protein. Erb's area, the point left of the sternum where aortic diastolic murmurs are audible, is not listed, probably justifiably, since no one knows why the neurologist's name is attached to it. This mystery seemingly might have been included, particularly when Jablonski's wit is recognized by his inclusion of Stanley's syndrome, proctalgia eponymica chronica, an equally apocryphal entry. However, these are nit-wit nit-pickings that resulted from a page-by-page skimming of this remarkably fine dictionary and should merely verify that all human creations are imperfect. Jablonski's book is far less imperfect than its predecessors. In addition it has the virtues of being bound in tough plastic, its printing is eye-saving, and the corners of the pages are rounded for durability. The hundreds of bibliographic references to the original eponym are alone worth the reasonable price. On one's bookshelf, it can save many trips to the library.

Such a remarkable dictionary could have been compiled only by a remarkable man in a remarkable position. Mr. Jablonski advanced from humble indexer to Head, Index Section, Bibliographic Services Division of the National Library of Medicine. He is neither a physician nor a medical librarian. Self-educated in great part, he learned on the job by taking pre-medical and medical courses as the need demanded. Adventure to Mr. Jablonski is not limited to eponymology. In 1963, he bought a sailboat in Poland and sailed it solo across the Atlantic.

My only quarrel with Mr. Jablonski concerns his note appended to the introduction, "This book does not reflect my approval or disapproval of eponyms—it merely recognizes that they exist." Eponyms persist because they are useful to physicians. The eponym is a practical short-hand device—the 13-letter spelling of Weber-Christian disease is shorter than the 49-letter relapsing febrile nodular non-suppurative panniculitis. At times, the eponym serves to suspend judgment of etiology, yet still hold a symptom-complex in mind. Cushing's disease was described originally as basophilic adenoma of the pituitary. Today we appreciate that the villian is hypersecretion of the adrenal cortex. Lastly, there is a human quality about eponyms. They tell us of a man, not an institutional team. Myotonia congenita is called Thomsen's disease for five valid reasons—the five patients he first described were himself and his four sons.

EDWARD SHAPIRO, M.D.

* * *

A TEXT-BOOK OF X-RAY DIAGNOSIS (By British Authors in Six Volumes)—Fourth Edition—Volume IV: The Alimentary Tract and the Biliary Tract—Edited by S. Cochrane Shanks, C.B.E., M.D., F.R.C.P., F.F.R., Consulting Radiologist, University College Hospital, London; and Peter Kerley, C.V.O., C.B.E., M.D., F.R.C.P., F.F.R., D.M.R.E., Consulting Radiologist, Westminster Hospital and the National Heart Hospital, London. W. B. Saunders Company, West Washington Square, Philadelphia, Pa. (19105), 1969. 584 pages, 567 illustrations, $22.50.

In an attempt to incorporate the advances in Radiology developed in the decade since the third edition the authors have enlarged their work from four volumes to six. The gastrointestinal system which was previously combined with sections on the urinary tract and obstetrics and gynecology is now presented as a separate volume. This includes chapters on the salivary gland; pharynx and esophagus; stomach, duodenum and diaphragm; small intestine, appendix and large intestine; the alimentary tract in children; and the biliary tract.

There has been no major overhaul of the old material and rather skimpy addition of recent developments. Much of the text and illustrations are unchanged. The inadequacies of the chapter on the biliary tract are typical of those throughout the book. For instance, no new illustrations have been added in this section and much of the discussion has been taken verbatim from the third edition. Only one sentence is given to the important history of the development of cholecystography by Graham and Cole while three pages are devoted to the position and shape of the gallbladder. Several statements repeated from the earlier editions are inaccurate. Conjugated Telepaque is not re-absorbed from the bowel in significant quantities as stated on p. 522. Conjugated Telepaque is non-polar and fat insoluble. No significant hydrolysis occurs in the colon. On p. 542 the authors state that cholecystography is contraindicated in acute cholecystitis and other acute abdominal conditions. In fact, intravenous cholecystography is useful in the differential diagnosis of the acute abdomen. It has not been shown that contrast media aggravates the inflammation in acute cholecystitis as stated on p. 541. The Mercedes-Benz sign (gas in a cleft within gallstones) is not seen only in cases of acute cholecystitis as suggested on p. 532. The phenomenon is due to rearrangement of the cholesterol crystals within the calculus and is unrelated to the status of the gallbladder. The visibility of the gallbladder is not solely dependent on the power of the gallbladder to concentrate the opaque material (p. 542). Other mechanisms such as re-absorp-